

PART B - FEE(S) TRANSMITTAL

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50855 7590 09/08/2006

UNITED STATES SURGICAL,
 A DIVISION OF TYCO HEALTHCARE GROUP LP
 195 MCDERMOTT ROAD
 NORTH HAVEN, CT 06473

12/12/2006 CCHAU2 00000084 210550 10786873

01 FC:1501 1400.00 DA
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Rebecca Layman (Depositor's name)
 Rebecca Layman (Signature)
 11/6/06 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------------|------------------|
| 10/786,873 | 02/25/2004 | Maciej J. Kieturakis | 2506CIP3CON4(203-3450CIP3 | 3649 |

TITLE OF INVENTION: APPARATUS AND METHOD FOR DISSECTING TISSUE LAYERS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 12/08/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| DAWSON, GLENN K | 3731 | 606-192000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

General Surgical Innovations, Inc.

North Haven, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Aryn Wadadli

Registration No.

52,796

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Docket: 2497 CIP 3 CON 4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kieturakis et al.

Examiner: Dawson, Glenn K.

Group Art Unit: 3731

Serial No: 10/786,873

Filed: February 25, 2004

For: **Apparatus and Method for Dissecting Tissue Layers**

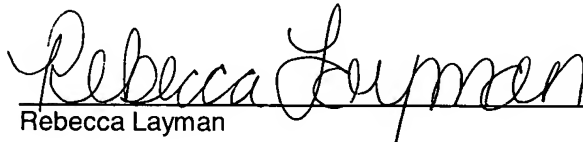
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Date of Deposit: December 6, 2006

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Rebecca Layman

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